

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10718143**
APPLICANT(S)

FILED DATE

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS							
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1												
2		7						91					
3		1						92					
4		1						93					
5		1						94					
6		1						95					
7		1						96					
8		1						97					
9		1						98					
10		1						99					
11		1						100					
12		1											
13		1											
14		1											
15		2											
16		2											
17		2											
18		2											
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
38													
39													
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	13							TOTAL IND.					
TOTAL DEP.	9							TOTAL DEP.					
TOTAL CLAIMS	22							TOTAL CLAIMS					